

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-672)

SERIAL NO.

FILING DATE

AFFILIANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1		1			
9	1		1			
10	1		1			
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45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	5		4			
TOTAL DEP.	1533		5			
TOTAL CLAIMS	1538		9			

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS